



Universal Life Service Request

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

Insured	Social Security number	
Employer State of Delaware	Policy 50166	Contract

1. CHANGE IN PERSONAL DATA	New name	
	New street address	New city, state, zip

2. FAMILY STATUS CHANGE	<input type="checkbox"/> Discontinue Spouse Coverage.	<input type="checkbox"/> Add Spouse Coverage.	Name	Date of birth	Family Status Change.	Date
	<input type="checkbox"/> Discontinue Child Coverage.	<input type="checkbox"/> Add Child Coverage.	Name	Date of birth	Family Status Change.	Date

3. CHANGE IN EMPLOYMENT STATUS	Termination date	Retirement date	Do you want to continue your present coverage?
			<input type="checkbox"/> Yes: Minnesota Life will bill you directly. <input type="checkbox"/> No: Complete Section 4.

4. TERMINATION/ SURRENDER	<input type="checkbox"/> I wish to terminate my insurance effective on (date) _____. I understand that I may receive a check from Minnesota Life if my insurance has accumulated any net cash value.
--	--

5. CASH ACCUMULATION ACCOUNT	<input type="checkbox"/> Begin payroll deduction or billing additional premiums for my cash accumulation account (minimum \$10.00 per month)	Amount \$	<input type="checkbox"/> Discontinue additional premium contributions to my cash accumulation account. Check one <input type="checkbox"/> Let remaining balance continue to earn interest. <input type="checkbox"/> Remit balance to me minus surrender charges, if applicable.
	<input type="checkbox"/> The attached check is a lump sum premium contribution to my cash accumulation account (minimum \$100.00)	\$	

6. LOANS AND WITHDRAWALS	Policy minimums and charges apply	Amount	I have read the notice of withholding on the back and:
	<input type="checkbox"/> WITHDRAWAL - complete withholding election (\$10.00 charge for each withdrawal).	\$	<input type="checkbox"/> I do not want federal income tax withheld from my withdrawal.
	<input type="checkbox"/> LOAN - Minnesota Life does not send out loan repayment notices.	\$	<input type="checkbox"/> I want federal income tax withheld from my withdrawal.
	<input type="checkbox"/> LOAN REPAYMENT - Please include check payable to Minnesota Life.	\$	

7. TRANSFER OF OWNERSHIP	A transfer of ownership form will be sent to you for your signature. The following information is needed in order for us to properly prepare the transfer of ownership form.	
	Name and address of new owner	Relationship to the insured

8. CHANGE AMOUNT OF INSURANCE	Decrease total to:	Increase total to:	(according to the provisions of the policy.)
	An Evidence of Insurability form will be sent to you if required.		

9. SPECIAL REQUESTS	Include any special comments or requests here (continue on back if necessary).
------------------------------------	--

See reverse for instructions.

Minnesota Life may also send you additional forms to be completed before your change request can be processed. Minnesota Life shall incur no obligation because of any of the above request(s) unless we have approved the requested change(s) in our home office.

Insured's signature X	Daytime telephone number ()	Date
---------------------------------	---------------------------------	------

Send to: **Minnesota Life
Group Universal Life – B2-4256
400 Robert Street North
St. Paul, MN 55101-2098**



Questions? Please call
1-877-215-1489
Locally (651) 665-3332
Fax (651) 665-4827

INSTRUCTIONS FOR COMPLETING THE UNIVERSAL LIFE SERVICE REQUEST

Please complete the top portion.

1. Complete this section if you have had a name change or an address change.
2. Complete this section if your marital status has changed.
3. If you retire or terminate employment and wish to continue your present coverage, check yes. You will automatically be billed directly by Minnesota Life.
4. If you do not want to continue your insurance, complete this section. Any accumulated cash value less any charges will be returned to you.
5. To begin or discontinue accumulating cash value, complete this section.
6. Complete this section if you wish to take out a loan, or make a partial or total withdrawal. Please check your certificate of insurance to determine how long you must be in the plan before you can apply, the minimum amount that can be withdrawn or loaned and your withdrawal charge. Use this section if you are making a loan repayment or a lump-sum deposit. The minimum for a lump-sum deposit is \$100.00. Minnesota Life does not send out loan repayment notices.
Notice of withholding: If no election is made, 10% tax will be withheld for federal income tax from the portion of the withdrawal that is subject to federal income tax.
7. Use this section if you wish to transfer ownership. We will prepare the transfer form and send it to the insured for signature.
8. Use this section if you wish to change your amount of insurance. In the box for new amount desired, state total amount of insurance desired. We will send you an Evidence of Insurability form if necessary.
9. Use this box for any special requests.